



STATE OF ARKANSAS

**Department of Finance
and Administration**

EBD

Employee Benefits Division
Post Office Box 15610
Little Rock, AR 72231-5610

Phone: (501) 682-9656 Toll Free: (877) 815-1017 Fax: (501) 682-2366 <http://www.state.ar.us/dfa/ebd>

Authorization Agreement for Pre-Authorization Payments
COBRA

I (we) hereby authorize the Department of Finance and Administration – Employee Benefits Division to initiate debit entries and to initiate, if necessary, credit entries and adjustments for any debits in error to our bank account indicated below at the financial institution named below, hereinafter called Depository, to debit and/or credit the same such account.

Depository Name: _____

Address: _____

Routing Number: _____ Type of Account: ☐ Checking
☐ Savings

Total amount to be deducted monthly: _____

This authorization shall remain in effect unless the Employee Benefits Division has received written notification from me (us) of its termination in such time and in such manner as to afford the Employee Benefits Division and Depository a reasonable opportunity to act on it.

Authorization Signer on Account: _____
(Please print name clearly)

Insured's Social Security No.: _____

Signature _____
(Authorized Signer) (Date)

ATTACH A VOIDED CHECK HERE
(DEPOSIT SLIP CANNOT BE USED)

Return this authorization to:
Employee Benefits Division
P.O. Box 15610
Little Rock, AR 72231-5610